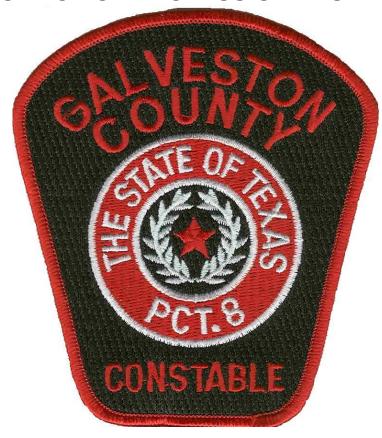
OFFICE OF PROFESSIONAL STANDARDS



COMPLAINT PACKET

Contents

- Instructions
- Sworn Affidavit
- Medical Release

OFFICE OF PROFESSIONAL STANDARDS COMPLAINT PACKET

This complaint packet allows citizens to file a formal complaint against employees of the Galveston County Precinct 8 Constables Office, to include, but not limited to such violations as unprofessional demeanor, excessive force and racial profiling.

Please follow the procedures as set out below:

SWORN AFFIDAVIT

Completion Procedure:

- 1. Sworn affidavit is to be completed by the complainant only.
- 2. Additional complainants and/or witnesses will complete additional sworn affidavits.
- 3. If additional writing area is needed, please use blank lined pages. <u>Do not write on the</u> back of sworn affidavit.
- 4. After completing the sworn affidavit, review it for proper completion and content.
- 5. Sworn affidavits <u>MUST</u> be signed, notarized and returned to O.P.S. before the investigation is initiated.

MEDICAL RELEASE

Requirement/Completion Procedure:

- 1. Complainant will complete the attached copy of "Release of Medical Information", if complainant is alleging injuries.
- 2. The **Release of Medical Information** must be signed and notarized.

PACKET COMPLETION

Complaint Packet Return:

- 1. Review all forms for completion, signatures and notary requirements.
- 2. Attach all papers together and return to the Galveston County Precinct 8 Constables Office, 174 Calder Rd. Ste 127, League City, Texas 77573
- 3. If additional information is needed, contact Chief Norman at (281) 316-8711.

	File #	
SWORN AFFIDAVIT		

State of Texas County of Galveston

Date of Statement:_______, 200_____.

Before me, the undersigned a after being sworn on						
is			•		-	•
is						
(address)						
(state)						
number is: (area code)						
My work number is:						
	I	can	also	be	conta	acted a
			My driv	er's lice	ense num	ber or
I HAVE BEEN INFORMED TEXAS, SECTION 37.02: "THAT A PERSON COMMITDECEIVE AND WITH KNOW A FALSE STATEMENT UND STATEMENT PREVIOUSLY AUTHORIZED BY LAW TO B	S THE O LEDGE O PER OATH MADE;	FFENSE F THE ST I OR SW AND TH	OF PER TATEMEN EARS TO E STATE	IURY IF IT'S ME	F, WITH EANING; RUTH C	INTENT TO HE MAKES OF A FALS
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2. Lo	ocation of incident (address): _	·
	t the name and badge number employee(s) being accused	of the Galveston County Precinct 8 Constables
(a.)	Name	 Badge Number
(b.)		_
	Name	Badge Number
(c.)		
	Name	Badge Number
	you do not know the name of the le the following information:	e Constables employee(s) being accused, please
	(a) patrol unit number	
	(b) physical description of emplo	yee(s):
	(c) other identifiers:	
5. V (Yes)		oloyee(s) present during the alleged incident?
If you	r answer is yes please provide th	e following information:
Name	.	Badge Number
Name	3	Badge Number
Name	·	Badge Number
6. We	ere any other witnesses pre	sent during the alleged incident? (Yes) (No)

Name	Address	Phone No.
Name	Address	Phone No.
7. Did you sustain	any injuries? (Yes) (No)	
If your answer is ye	s please list the type of injury:	
8. Did you receive	medical treatment? (Yes) (No)
If your answer is ye	s, please provide the following i	information:
(a) Name, address	and telephone number of the de	octor/hospital that treated you:
	by a doctor/hospital, please conhat the form must be notarized.	mplete the attached Medical Release
9. Were you arrest (Yes) (No)	ed?	
Were you issued (Yes) (No)	d a citation?	
	s yes to either of the above q d/or citations issued:	uestions, please provide a list of the

If your answer is **yes** please provide the following information:

Ticket #
10. Give a full and detailed description of the incident. Please be specific.

I have made, read and signed this affidavit. It is true and correct to the best
of my knowledge and belief.
Complainant (Affiant)
SWORN TO and SUBSCRIBED before me on this day of,
200
200
NotaryState of Texas
NotaryState of Texas

I hereby authorize all Custodian(s) of Records to release the following information from the medical record(s) of: PATIENT INFORMATION (Please Print)

Patient Name	Date of Birth	Social Security N	umber Phone No	umber
Address	City	State	Zip Code	
Information to be released: [] Complete Hospital Records [] Emergency Room Report [] Discharge Summary [] Psychological Evaluation [] Other report(s) specify: Purpose of disclosure: Office of Professional St Information is to be released to: Galveston Co		eal [rt [rt] Front Sheet] Radiology Repo] Clinic Visits	rts
174 Calder Ro League City, ⁻	I. Ste 127			
The question of privacy between hospitals, merauthorization. The aforementioned are release include Drug, Alcohol, Psychiatric, HIV, or A ALCOHOL AND DRUG ABUSE PATIENTS: PROHIBITION ON REDISCLOSURE: This in Federal Law. Federal Regulations (42CFR paspecific written consent of the patient. A general purpose. Federal Regulations state that any per of the first offense, and not more than \$5,000.0	d from legal respondids information, to formation has been rt 2) prohibits you full authorization for the rson who violates ar	the extent indicated and au disclosed to you from recommaking any further die release of information if he provision of this law shall	elease of the about thorized herein. cords whose contact sclosure of this in the leading to the lead of the lead by another particular the lead of th	ve information, which may fidentiality is protected by a formation except with the rty is NOT sufficient for this
HOSPITAL/DOCTOR INVOLVED:			F	Phone:
ADDICESS.				
Signature of Patient			Date S	Signed
Signature of Parent or Guardian	Rel	ationship	Date S	Signed
Signature of person authorized to sign in lieu of	patient Rel	ationship	Date \$	Signed
Witness	Address		Date	Signed
THE STATE OF TEXAS COUNTY OF GALVESTON				
	, knowi	n to me to be the person	whose name is su	ubscribed to the foregoing
instrument, and acknowledged to me that he/sh GIVEN UNDER MY HAND AND SEAL OF OF				
Printed Name of Notary		Notary Pu	blicState of Te	 exas
Date Commission Expires:				